



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
Julia M. Eckstein
Director



ACKNOWLEDGEMENT FORM

1. CLIENT NAME:

Print Client's First Name, Middle Initial and Last Name

2. CLIENT DATE OF BIRTH:

Month

Day

Year

3. CLIENT SOCIAL SECURITY NUMBER:

4. CLIENT DCN (if applicable):

I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any subsequent revisions to this Notice.

Print the First Name, Middle Initial and Last Name of the Client/Parent/Guardian/Durable Power of Attorney for Health Care (DPOA-HC)

**Signature of the Client/Parent/Guardian/
Durable Power of Attorney for Health Care (DPOA-HC)**

DATE

NOTE: If this document is signed by the guardian or Durable Power of Attorney for Health Care (DPOA-HC), attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care

Please check one of the following to indicate the relationship between the client and the person whose signature appears on the line above:

☐ CLIENT

☐ CLIENT'S PARENT

☐ CLIENT'S GUARDIAN

☐ CLIENT'S DPOA-HC

☐ CLIENT REFUSED TO SIGN FORM

DHSS Staff Signature (if present when Notice provided)

DATE

www.dhss.mo.gov

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

Revised: 07/03 acr